TRANSMITTAL O	Docket No. (E) 1840 US								
In Re Application Of: Kaupert									
Serial No. Filing Date Examiner Group A									
10/614,302	July 3, 2003	N/A	1764						
Title: Evaporator arrangement, particularly for production of a hydrocarbon/mixing material mixture,									
decomposable for hydrogen recovery in a reformer									
Address to: Assistant Commissioner for Patents Washington, D.C. 20231									
	3	7 CFR 1.97(b)							
1.   The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.									
	3	7 CFR 1.97(c)							
2.  The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:									
☐ the statement specified in 37 CFR 1.97(e);									
OR									
☐ the fee se	et forth in 37 CFR 1.17(p).								

	SURE STATEMENT (c))	Docket No. (E) 1840 US						
In Re Application:	Saupert OIP &	The state of the s						
Serial No.	Filing Date	Examiner	Group Art Unit					
10/614,302	N/A	1764						
Evaporator arrangement, particularly for production of a hydrocarbon/mixing material mixture,								
decomposable for hydrog	en recovery in a reformer							
Payment of Fee  (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))								
			1.17(p))					
☐ A check in the am		·····	acumt No. NO. EEE					
	mmissioner is hereby authorized w. A duplicate copy of this sheet	<del>-</del>	count No. NO FEE					
	ne amount of	is eliciosed.						
_	y overpayment.							
	ny additional fee required.							
Certificate of T	Transmission by Facsimile*	Certificate of Mailing b	y First Class Mail					
	ent and authorization to charge deposit nile transmitted to the United States Office (F	I certify that this document and October 7, 2003 with as first class mail under 3 addressed to the Assistant Co. Washington, D.C. 20231.	the U.S. Postal Service 37 C.F.R. 1.8 and is					
(Date)		111 P.D. 2. 6	For for					
	Signature	Simulation of the state of the	William Contract					
	Signature of Person M							
7	M. Robert Kes							
Typea or Printea N	ame of Person Signing Certificate	Typed or Printed Name of Per	rson Mailing Certificate					
*This certificate may only be used if paying by deposit account.    1								
M. Robert Kestenbaum								
Reg. No. 20,430								
11011 Bermuda Dunes NE								
Albuquerque, NM USA 87	111							
Ph ne (505) 323-0771								
Fax (505) 323-0865								
cc:								

					(E) 184	40 US	10/0	514,302	
	INFO	RMATION DISCLOSUR (Use several sheets if neces.	E CITA TOOK		Applicant(s) Kaupert et al.				
		(Ose several sneets ty neces.	sury	8	Filing Date		Group Art Unit		-
			DET 1 0 2003	<b>7</b> 2	July 3,			1764	
			S.	LCS. PAT	ENT DOCUMENTS		<u></u>		
EXAMINER INITIAL	REF	DOCUMENT NUMBER	FRADEN		NAME	CLASS	SUBCLASS	FILING IF APPRO	DATE
		6,428,758 B1	08/06/2002	Schuess	ler et al	B01J	8/02		
		5,971,056	10/26/1999	Bovens		B22C	9/12		
					-14				
	-								
									·
	-								
									· <del></del>
				FOREIG	N PATENT DOCUME	ENTS			
	REF	DOCUMENT NUMBER	DATE		COUNTRY	CLASS	SUBCLASS	YES	NO NO
		DE 197 20 294 C1	15/05/1997	Germ	any	C01B	3/32		<b>y</b>
		EP 0 881 014 B1	30/05/1997	Europ	e	B22C	9/12		<b>J</b>
		- //							
		and the second							
				OTHER I	OCUMENTS (Incl	luding Author, Title, I	Date, Pertinent Pa	ges, Etc.)	
							1 4-1		
						-			
EXAMINER			DATE CONSIDERED						
XAMINEF	R: Initia	al if citation considered, whether	or not citation is in	conforman	ce with MPEP Section	609; Draw line throu	igh citation if not	in conform	ance and
ot consider	ed. Inc	clude copy of this form with next	t communication to a	pplicant.					

Docket Number (Optional)

Application Number